

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							51				
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43							93				
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45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			21				TOTAL IND.				
TOTAL DEP.			21				TOTAL DEP.				
TOTAL CLAIMS			21				TOTAL CLAIMS				